

Transobturator Urethral Suspension Surgical Treatment of Urinary Incontinence in Men

O. Bratu¹, D. Mischianu¹, S. Constantinoiu²

¹Department of Urology, Emergency University Central Military Hospital "Dr. Carol Davila", Bucharest, Romania

²University of Medicine and Pharmacy "Carol Davila", General and Esophageal Surgery, "Sf. Maria" Hospital, Bucharest, Romania

Abstract

Introduction: Urinary incontinence represents involuntary urethral loss of urine and represents a major health problem worldwide, mainly due to the psychosocial implications it determines. The surgical treatment of urinary incontinence in men is needed especially postoperatively, after radical retropubic prostatectomy, transurethral resection or vaporization of prostate, bladder neck incision etc. Surgical indications appear when all the other conservatory means of treatment have failed, including antimuscarinic medication or pelvic floor training.

Technique: The surgical procedure is similar to the one used for women, TOT to be more precise. The meshes are made of polypropylene, identical to those used for women or especially designed for urinary incontinence in men. The surgical technique can be "in-out" or "out-in" according to surgeon preferences.

Results: Postoperative recovery was fast and without major complications. The urethral catheter was removed 24 hours after the procedure and the patients were discharged 48-72 hours after surgery. After 30 days postoperative, urodynamics and abdominal echography showed no vesical residue. Success rate is about 80%.

Complications: Intraoperative complications are minimal (urethral, vascular or vesical) and can be avoided in the hands of experienced surgeons. Mesh rejection and rupture or urethral erosion can occur as rare postoperative complications.

Conclusions: Transobturator urethral suspension procedure proved to be efficient. It is a minimally invasive procedure, easy and with relatively short surgical time. Inbound time is short, making this procedure cost-effective.

Key words: incontinence, transobturator, urethral suspension, post-prostatectomy, mesh

Corresponding author: Assist. Prof. Bratu Ovidiu, MD, PhD
University of Medicine and Pharmacy "Carol Davila"
Emergency University Central Military Hospital "Dr. Carol Davila"
Urology Ward
M. Vulcanescu street, no. 88, Bucharest
E-mail: ovi78doc@yahoo.com